

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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41	/					
42		/				
43	/					
44		/				
45	/					
46						
47						
48						
49						
50						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	42	↔		↔		↔
TOTAL CLAIMS	45	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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98								
99								
100								
TOTAL IND.			↓					
TOTAL DEP.		↔		↔				
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS